

U.S. DEPARTMENT OF JUSTICE  
Federal Bureau of Prisons

REQUEST FOR ADMINISTRATIVE REMEDY

*E. Perez B-1 c c*  
*5-8-20*

Type or use ball-point pen. If attachments are needed, submit four copies. Additional instructions on reverse.

From: Bradley Benjamin 50878-039 B-1 FCI Milan  
LAST NAME, FIRST, MIDDLE INITIAL REG. NO. UNIT INSTITUTION

Part A- INMATE REQUEST

I signed all essential documents to process my Approval on April 19, 2020 after being told on April 17 that I was eligible for Home Confinement based on the seven factors mandated in the Email to entire Inmate population on April 17, 2020. After being told I was approved and to Inform my family of my early release subsequently on April 20 2020 I was notified by my case manager Ms. Wilson that I now been denied. Because I have not served fifty percent of my time in. This bait and switch tactic by the Bureau of Prison is reprehensible and disturbing. I was already approved and processed and therefore, any change in the guideline is not applicable to me. I request the BOP/Warden release me to home confinement.

5-8-2020

DATE

*B. B. J.*

SIGNATURE OF REQUESTER

Part B- RESPONSE

Legal Office  
Administrative Remedy  
MAY 13 2020  
FCI Milan  
Milan, Michigan

DATE

WARDEN OR REGIONAL DIRECTOR

If dissatisfied with this response, you may appeal to the Regional Director. Your appeal must be received in the Regional Office within 20 calendar days of the date of this response.

ORIGINAL: RETURN TO INMATE

CASE NUMBER: 1019191-FI

CASE NUMBER: \_\_\_\_\_

Part C- RECEIPT

Return to: \_\_\_\_\_  
LAST NAME, FIRST, MIDDLE INITIAL REG. NO. UNIT INSTITUTION

SUBJECT: \_\_\_\_\_

**Requirement for submission of this request directly to the Regional Director, Bureau of Prisons.**

When the inmate believes that he may be adversely affected by submission of this request at the institution level because of the sensitive nature of the complaint, he may address his complaint to the Regional Director. He must clearly indicate a valid reason for not initially bringing his complaint to the attention of the institution staff.

If the inmate does not provide a reason, or if the Regional Director or his designee believes that the reason supplied is not adequate, the inmate will be notified that the complaint has not been accepted. The form sent to the Regional Director will not be returned. However, the inmate may prepare a new request and submit it at the institution if he wishes.

SIGNATURE OF REQUESTER

DATE

Part B - RESPONSE

WITNESSED OR RECORDED BY

DATE

I, the undersigned, certify that the above is a true and correct copy of the original document as submitted to the Regional Director, Bureau of Prisons, for review.

CASE NUMBER

THIRD COPY RETURN TO INMATE

CASE NUMBER

Part C - RECEIPT

WITNESSED

TIME

REF. NO.

LAST NAME, FIRST, MIDDLE INITIAL

RETURN TO

SUBJECT

E. Perez B-1cc  
5/8/20

MIL-1330.18

January 4, 2016

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Attachment B/Part 1  
FCI/FDC Milan Michigan  
Attempt at Informal Resolution

REMEDY # \_\_\_\_\_

Inmate's Name: Bradley, Benjamin

Registration Number 50878-039 Housing Unit B-1

**ATTEMPT AT INFORMAL RESOLUTION:**

1. Briefly stated the complaint and requested corrective actions.

I was approved for home confinement and signed my release plan then the following week I was told I cannot go home on home confinement. So I immediately wrote the Warden a letter to ask him to grant my Home Confinement since I already was approved and I signed.

2. Document your efforts to resolve the matter to include policies reviewed. Note any reasons an informal resolution could not be achieved.

not able to resolve at my level  
informal resolution could not be achieved

Inmate Signature: B. Bradley

Date: 5-8-20

Inmate Printed Name: Benjamin Bradley

Unit Counselor Signature: E. Perez

Date: 5-8-2020

Unit Counselor Printed Name: E. Perez